

COVENTRY PARKHOMES CONDOMINIUM ASSOCIATION

LONG-TERM PARKING REQUEST FORM

Co-owner Name: _____ Date of Request: _____

Co-owner Address: _____

Contact Number: _____ Email: _____

Vehicle Make: _____ Vehicle Model: _____

Vehicle Color: _____ Vehicle Plate Number: _____

Please select reason for long-term parking request:

☐ Vacation ☐ Work ☐ Other _____

Start Date: _____ Expected Return Date: _____ Duration: _____

Please provide a local contact for person with access to keys to be contacted in the event of an emergency or if there is a need for the vehicle to be relocated.

Name: _____ Telephone: _____

Relationship: _____

Co-owner Signature: _____

INTERNAL USE ONLY

☐ Approved ☐ Approved with Conditions ☐ Denied

Approved Parking Location: _____

Notes:

Approval Date: _____ Manager Signature: _____

*****This form is only to be used if a resident is out of town during the winter months and should be submitted at least two weeks prior to being away*****